



Virginia M. Barry, Ph.D.
Commissioner of Education
Tel. 603-271-3144

Paul K. Leather
Deputy Commissioner
Tel. 603-271-3801

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
FAX 603-271-1953
Citizens Services Line 1-800-339-9900

STATE OF NEW HAMPSHIRE 2012 APPLICATION FOR TUITION WAIVERS FOR FOSTER CHILDREN

To be considered for an award, this application must be received by DCYF by March 15, 2012.
Completion of this application does not guarantee an award under this program.

After completion of Part I, forward the application to: Robert Rodler, Adolescent Program Specialist,
Division of Children, Youth and Families, NH Department of Health and Human Services, 129 Pleasant
Street, Concord, NH 03301

Part I: Please print or type responses.

Name of Applicant: _____
First Name M.I. Last Name

Mailing Address: _____

Permanent Legal Residence: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ Last 4 Digits of your Social Security Number: _____

Institutions to which you plan to apply or are attending (check up to four):*

- | | |
|---|--|
| <input type="checkbox"/> Granite State College | <input type="checkbox"/> Great Bay Community College |
| <input type="checkbox"/> Lakes Region Community College | <input type="checkbox"/> Manchester Community College |
| <input type="checkbox"/> NHTI - Concord's Community College | <input type="checkbox"/> Nashua Community College |
| <input type="checkbox"/> Plymouth State University | <input type="checkbox"/> River Valley Community College |
| <input type="checkbox"/> University of New Hampshire | <input type="checkbox"/> University of New Hampshire, Manchester |
| <input type="checkbox"/> White Mountains Community College | <input type="checkbox"/> Keene State College |

***Reminder: You are required to meet the institutional financial aid filing deadline**

What is your current grade level? I am currently a:

- | | |
|---|---|
| <input type="checkbox"/> High school senior | <input type="checkbox"/> 2 nd year undergraduate/sophomore |
| <input type="checkbox"/> High school graduate/not yet attending college | <input type="checkbox"/> 3rd year undergraduate/junior |
| <input type="checkbox"/> 1st year undergraduate/freshman | <input type="checkbox"/> 4th year undergraduate/junior |
| | <input type="checkbox"/> 5th year/other undergraduate |

Name/Address/eMail of living parent/guardian/or individual who you most maintain contact with:

Date on which the Free Application for Federal Student Aid was submitted: ____/____/____

***Reminder: You are required to meet the institutional financial aid filing deadline**

You are also required to apply for one of the two scholarships below and indicate the date you applied:

Please visit the following website for more information: <http://www.nhcf.org/page.aspx?pid=472>

Date on which application was submitted to the NH Charitable Foundation's

Statewide Student Aid Program: _____/_____/_____

or

Career Aid to Technology Students (CATS) Program: _____/_____/_____

I declare, under penalty of perjury, that the answers to the above questions are true and correct to the best of my knowledge and belief.

If selected to receive a tuition waiver, I, Youth or if under 18 Parent/Legal Guardian, authorize the New Hampshire Division For Children, Youth and Families to access my postsecondary educational records so as to determine my level of educational achievement as a participant in this program. I give permission for the New Hampshire Division of Children, Youth and Families to provide the New Hampshire Department of Education, Division of Higher Education with verification of my eligibility status for the Tuition Waivers for Foster Children Program. Further, I give permission to the New Hampshire Department of Education to verify eligibility and financial aid information with my institution.

Signature of Applicant or Legal Guardian if under age 18

Date

State of _____, County of _____, on the _____ day of

_____, 2012, before the undersigned officer, personally appeared the

person above, known to me (or satisfactorily proven) to be the person whose name is signed above.

Signature of Notary Public or Justice of the Peace

(Seal)

Part II: Please fill in your name; the rest of this section will be completed by the Division of Children, Youth and Families

APPLICANT: _____

The Division of Children, Youth and Families certifies that the above named applicant meets the eligibility requirements of the Tuition Waiver for Foster Children Program as stated in Pos 1401.01(c).

Signature and Title of Certifying Authority

Date